

EXTENDED RUN REQUEST FORM

DATE AND TIME OF RECEIPT OF
REQUEST: (BY ENERGY PROGRAM MGR.)

**NOTE: THIS APPLICATION MUST BE RECEIVED NO LATER THAN FOUR HOURS
PRIOR TO THE EFFECTIVE START TIME.**

Instructions For Completing This Form Are Attached

1. CHECK THE REQUEST TYPE: ☐ HVAC ☐ LIGHTING ☐ OTHER _____

2. BUILDING(S)

3. REQUESTOR:

4. ROOMS NEEDING EXTENDED OPERATIONS:

5. PHONE NUMBER:

6. DATE REQUESTED:

7. DATE/TIME OF EXTENDED RUN START:

8. DATE/TIME OF EXTENDED RUN END:

9. IS A SETBACK OF THE ROOM(S) TEMPERATURE OR HUMIDITY ACCEPTABLE: ☐ YES ☐ NO

10. IF BLOCK 9 IS CHECKED "YES", COMPLETE OPTIONS BELOW:

a. TEMPERATURE SETBACK _____ °F

b. PERCENT RELATIVE HUMIDITY FOR SETBACK _____ % RH

c. SETBACK START TIME: _____

d. SETBACK END TIME: _____

JUSTIFICATION

11. WHY THIS REQUEST IS NEEDED:

12. NAME OF AUTHORIZING OFFICIAL AND OFFICE SYMBOL:

13. AUTHORIZING OFFICIAL PHONE NUMBER:

14. NAME OF BUILDING MANAGER AND OFFICE SYMBOL:

15. BUILDING MANAGER PHONE NUMBER:

INSTRUCTIONS

USE OF THIS FORM IS MANDATORY FOR ALL EXTENDED RUN REQUESTS FOR HVAC, LIGHTING, AND OTHER OPERATIONS

**Complete blocks 1 through 15 before submitting to the Energy Manager at
Extended.Run@msfc.nasa.gov THE E-MAIL MUST BE SENT BY THE PERSON AUTHORIZING
THE REQUEST [GROUP LEAD OR COTR].**

1. Check the request type for HVAC, LIGHTING, or OTHER.
2. Enter the building(s) for which the extended run request applies.
3. Enter the name of the person requesting the extended run.
4. Enter the room numbers needing extended run services.
5. Enter the phone number of the person requesting the extended run.
6. Enter the date this extended run request form is filled out.
7. Enter the date and start time the extended run is to begin.
8. Enter the date and end time the extended run is to end.
9. Advise if a setback of the room(s) temperature is acceptable during the extended run time.
10. If a setback of temperature or relative humidity is acceptable:
 - a. Enter temperature in degrees Fahrenheit for the setback.
 - b. Enter the percent relative humidity for the setback.
 - c. Enter the setback start time.
 - d. Enter the setback end time.
11. State why this request is needed. BE SPECIFIC. Information provided must describe the justification for the request.
12. Enter the name of authorizing official and office symbol.
13. Enter the phone number of the authorizing official of the extended run.
14. Enter the name of the Building Manager and office symbol.
15. Enter the phone number of the Building Manager.